

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-D		2.22.00
O.I.P.E. CLASSIFIER			3-1-00
FORMALITY REVIEW	w	67421	4.18.00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	9	11
2	✓	9	11
3	✓	9	11
4	✓	9	11
5	✓	9	11
6	✓	9	11
7	✓	9	11
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47	✓	9	11
48	✓	9	11
49	✓	9	11
50	✓	9	11

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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